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62658 7590 06/01/2011
MERCHANT & GOULD
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Sara E. Medina	(Depositor's name)
/Sara E. Medina/	(Signature)
July 6, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAME/INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/896,231	06/29/2001	Arturo A. Rodriguez	001748007USP 06/06/2011 MBELETE2	00018944 09896231

TITLE OF INVENTION: GRAPHIC USER INTERFACES FOR PURCHASABLE AND RECORDABLE MEDIA DOWNLOADS

02/01/2011 11:54:39 00000115 1510.00 OP
 06/06/2011 11:54:39 00018944 09896231

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$0	\$0	\$1510	\$0	09/01/2011
EXAMINER		ART UNIT	CLASS-SUBCLASS	07/06/2011 MBELETE2 00000115 09896231		
CHAE, KYU		2426	725-037000	01 FC:1501 1510.00 OP		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent from page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 Merchant & Gould
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/12) attached.		2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed. Issue Fee previously paid 02.01.11
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-2725 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /Michael I. Krause/

Date July 6, 2011

Typed or printed name Michael I. Krause

Registration No. 53,157

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